

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No.

Registrar's No.

472
914

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1419a So. Vandeventer Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community
years, months or days)

3. (a) PRINT Virginia M. Keen (King)
FULL NAME

3. (b) If veteran,
name war None

3. (c) Social Security
No. 498-07-3206

4. Sex Female
5. Color or
race White

6. (a) Single, widowed, married,
3 divorced Divorced

6. (b) Name of husband or wife
Otis Keen

6. (c) Age of husband or wife if
alive..... years

7. Birth date of deceased Oct.
(Month)

8th 1918
(Day) (Year)

8. AGE: Years Months Days If less than one day
23 3 20 hr. min.

9. Birthplace Steelville Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Weber Shoe Co.

11. Industry or business.....

12. Name Ralph Shoultz
13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Licklider
15. Birthplace Jakes Prairie Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Shoultz
(b) Address 1419a So. Vandeventer Ave.

17. (a) Removal (b) Date thereof 1-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jakes Prairie Mo.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 29 1942 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1419a So. Vandeventer Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th
year 1942 hour 5:30 minute A.M.

21. I hereby certify that I attended the deceased from
Jan 25 1942 to Jan 28 1942
that I last saw him alive on Jan 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 4 day

Due to.....
Due to.....

Other conditions Arrival pneumonia 3 Months
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work?..... (e) Means of injury.....
23. Signature Whitcomb Hall (M. D. or other) 0
Address 1625 Brown Inn & Date signed 1/28/42

Mr. W. M. McNamee
Jensen House & Shop
1-3 Dec 1082

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.